

**Rural Health Care (RHC) Universal Service
Healthcare Connect Fund
Funding Request Form**

Filed June 20, 2018

Read instructions thoroughly before completing this form. Failure to comply may cause delayed or denied funding.

Block 1: General Information		
1 Funding Year <u>2017</u>	2 Funding Request Number (FRN): <u>17256641</u>	3 HCP Number: <u>44699</u>
4 Site Name/Consortium Name: <u>LoneStar Healthcare Communications, Inc.</u>		
Block 2: Competitive Bidding Information		
5 FCC Form 461 Application Number:		
6 Allowable Contract Selection Date (ACSD):		Service Provider Selection Date:
7 Number of vendors who bid:	Are you continuing service with your current service provider? <input type="radio"/> Yes <input type="radio"/> No	
8 Request for competitive bidding exemption (Only complete if claiming a competitive bidding exemption).		
<input type="checkbox"/> Annual Undiscounted Cost of \$10,000 or less		
<input checked="" type="checkbox"/> Government Master Services Agreement	Contract ID: <u>908396</u>	Friendly Name: <u>Texas Directorate of Information Resources (DIR)</u>
<input type="checkbox"/> Pre-Approved Master Services Agreement	Contract ID:	Friendly Name:
<input type="checkbox"/> Evergreen Contract	Contract ID:	Friendly Name:
<input type="checkbox"/> E-Rate Approved Contract	Contract ID:	Friendly Name:
Block 3: Vendor Information		
9 Service provider identification number (SPIN): <u>143021460</u>		
10 Vendor name: <u>Level 3 Communications, LLC</u>		
Block 4: Type of Funding Request		
11 <input type="checkbox"/> Individual HCP, single eligible expense		
<input type="checkbox"/> Individual HCP, multiple eligible expenses		
<input checked="" type="checkbox"/> Consortium Application		
Block 5: Single Eligible Expense Request for Funding		
Is this a newly installed circuit? <input type="radio"/> Yes <input type="radio"/> No		
12 Category of Expense	13 Expense Type	
14 Bandwidth	14a Is this service symmetrical? <input type="radio"/> Yes <input type="radio"/> No	
15 Circuit ID (optional)	If no, what is the upload bandwidth _____.	
	What is the download bandwidth _____.	
16 Percentage of expense eligible		
17 Does the Service Type include both eligible and ineligible components? <input type="radio"/> Yes <input type="radio"/> No		
If yes, percentage of usage eligible _____		
18 Billing Account Number (BAN)		
19 Contract ID	19a Date contract signed	End
19b Expected service start date	19c Length of initial contract term	
19d Number of contract extensions	19e Length of optional extension(s) combined	
If this is a multi-year contract, would you like this contract reviewed for evergreen endorsement? <input type="radio"/> Yes <input type="radio"/> No		
20 Circuit start location		
Address Line 1		
Address Line 2		
City	State	Zip Code
21 Circuit end location		
Address Line 1		
Address Line 2		
City	State	Zip Code

22 Is this a multi-year funding request? <input type="radio"/> Yes <input type="radio"/> No	Multi-year commitments cannot exceed 3 funding years and may not extend beyond the expiration date of an Evergreen Contract.
23 Expense frequency	24 Quantity of expense periods
25 Undiscounted cost per expense period	
26 Source of HCP contribution	
27 One-time installation charges	
28 This contract contains a Service Level Agreement. <input type="radio"/> Yes <input type="radio"/> No	
If yes, provide the following information concerning the SLA in the contract: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">a. Latency:</div> <div style="width: 45%;">b. Jitter:</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">c. Packet Loss:</div> <div style="width: 45%;">d. Reliability:</div> </div>	
USAC Internal Use Only	
Funding Start Date	Funding End Date
Block 6: Multiple Eligible Expenses and Consortium Requests for Funding (attach Network Cost Worksheet)	
29 Total undiscounted cost for eligible recurring expenses	\$210,700.76
30 Total undiscounted cost for eligible non-recurring expenses	\$0.00
Block 7: Additional Documentation	
31 List all supporting documentation (Competitive bids, Contract, etc.) that is required to be submitted with this form.	
Type of Documentation	
a. See attached	
b.	
c.	
Block 8: Request for Confidentiality	
32 Is applicant requesting confidential treatment and non-disclosure of commercial and financial information? (See instructions for specific information covered by this request.) <input type="radio"/> Yes <input checked="" type="radio"/> No	
Block 9: Certification	
33 <input checked="" type="checkbox"/>	I certify under penalty of perjury that I am authorized to submit this request on behalf of the healthcare provider or consortium.
34 <input checked="" type="checkbox"/>	I declare under penalty of perjury that I have examined this request and attachments and to the best of my knowledge, information, and belief, all information contained in this request and in any attachments is true and correct.
35 <input checked="" type="checkbox"/>	I certify under penalty of perjury that the healthcare provider or consortium has considered all bids received and selected the most cost-effective method of providing the requested services. The "most cost-effective service" is defined as the "method that costs the least after consideration of the features, quality of transmission, reliability, and other factors that the healthcare provider deems relevant to choosing a method of providing the required health care services." 47 C.F.R. § 54.642(c).
36 <input checked="" type="checkbox"/>	I certify under penalty of perjury that all Healthcare Connect Fund support will be used only for the eligible program purposes for which support is intended.
37 <input checked="" type="checkbox"/>	I certify that the healthcare provider or consortium is not requesting support for the same service from both the Telecommunications Program and the Healthcare Connect Fund.
38 <input checked="" type="checkbox"/>	I certify that the healthcare provider or consortium satisfies all of the requirements under Section 254 of the Telecommunications Act of 1996, as amended, and applicable Commission rules, and understand that any letter from the Administrator that erroneously commits funds for the benefit of the applicant may be subject to rescission.
39 <input checked="" type="checkbox"/>	I certify that I have reviewed all applicable rules and requirements for the program and will comply with those rules and requirements.
40 <input checked="" type="checkbox"/>	I understand that all documentation associated with this application, including all bids, contracts, scoring matrices, and other information associated with the competitive bidding process, and all billing records for services received, must be retained for a period of at least five years pursuant to 47 C.F.R. § 54.648, or as otherwise prescribed by the Commission's rules.

41 Signature	42 Date 06/30/2017
43 Printed Name Kevin Welch	44 Title/Position President
45 Phone (781) 953-2369 Ext.	46 Email lkwelch1@comcast.net
47 Employer LoneStar Healthcare Communications, Inc.	48 Employer's FCC RN 0024811150

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

FCC NOTICE REQUIRED BY THE PAPERWORK REDUCTION ACT

Part 54 of the Federal Communications Commission's (FCC) rules authorize the FCC to collect the information requested in this form. Responses to the questions herein are required to obtain the benefits sought by this form. Failure to provide all requested information will delay processing or result in the form being returned without action. Information requested by this form will be available for public inspection. The information provided will be used to determine whether approving this request is in the public interest.

We have estimated that each response to this collection of information will take 2 hours. Our estimate includes the time to read the instructions, look through existing records, gather and maintain the required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PERM, Paperwork Reduction Project (3060-0804), Washington, DC 20554. We will also accept your comments via the Internet if you send them to pra@fcc.gov. Please DO NOT SEND COMPLETED APPLICATIONS TO THIS ADDRESS.

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THE FOREGOING NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, P.L. 104-13, OCTOBER 1, 1995, 44 U.S.C. § 3507

Block 7: Additional Documentation

31 List all supporting documentation (Competitive bids, Contract, etc.) that is required to be submitted with this form.

Type of Documentation	
OTHER (Network Cost Worksheet)	Document: txlhcnetworkcostsheetCommUnityCareLhc004.xlsx
OTHER (Letter of Authorization)	Document: txhcfcommunitycareloassigned04052016.pdf
OTHER (Letter of Authorization)	Document: txhcfCommUnityCareloa12072016.docx.pdf
OTHER (Monthly Invoice)	Document: txhcfcommunitycaremonthlyinvoiceLHC004.pdf
OTHER (Master Agreement)	Document: txhcfcommunitycareTWTMasterAgree.pdf
OTHER (Level3 Texas DIR Contract)	Document: txhcfcommunitycarelevel3DIR.pdf
OTHER (Level 3 Verification of Services)	Document: txhcfcommunitycarelevel3verificationmemo.pdf
OTHER (Level3/Central Health/CommUnityCare)	Document: txhcfcommunitycarecentralhealth.pdf
OTHER (CommUnityCare stay with Level3)	Document: txhcfcommunitycareLettertoRemainwithL3.docx
OTHER (CommUnityCare Tax Exempt)	Document: txhcfcommunitycaretaxexempt.pdf
VIABLE SOURCE	Document: txhcfcommunitycareabilitytopay35.pdf